

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CAPG FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Carey L. O'Bryan IV MD**

Mailing Address 2320 Cliff Drive

City State Zip Code  
 Newport Beach CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carey L O'Bryan IV MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 07 / 22 / 2015

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Harry Pellman MD**

Mailing Address 16691 Greenview LN

City State Zip Code  
 Huntington Beach CA 92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Edinger Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 08 / 05 / 2015

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr. Donald Rebhun MD**

Mailing Address 36 Ranchero Rd

City State Zip Code  
 Bell Canyon CA 91307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthCare Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 08 / 05 / 2015

Transaction ID : SA11AI.6077

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00